



DATE: September 13, 2023

Behavioral Health Information Notice No: 23-047
Supersedes [BHIN 22-043](#) effective July 1, 2023

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Annual County Monitoring Activities (ACMA) for Mental Health Plans (MHPs), Drug Medi-Cal Organized Delivery System (DMC-ODS), and Drug Medi-Cal (DMC) for Fiscal Year (FY) 2023-24.

PURPOSE: To inform Medi-Cal behavioral health delivery systems of required document submission and the due date for ACMA covering FY 2023-24.

REFERENCE: 42 Code of Federal Regulations § 438.608
Title 22 California Code of Regulations Chapter 3, Section 51341.1(e)
Title 9 California Code of Regulations, Chapter 11, Section 1810.380(a)
1915(b) Waiver (Section B)
DHCS MHP Contract (Exhibit E, Section 5(C))
DHCS DMC-ODS Intergovernmental Agreement (IA) (Exhibit A, Attachment I, Articles II.C, II.H.2, III.HH, III.RR, III.VV)
DMC Contract
Welfare and Institutions Code (W&I) Section 14197.7



BACKGROUND:

Triennial MHP and annual reviews of county DMC-ODS/DMC delivery systems are conducted by the DHCS Audits and Investigations (A&I) Division. In addition, in FY 21-22, the Medi-Cal Behavioral Health Oversight and Monitoring Division (MCBH-OMD) began conducting ACMA previously included in the MHP protocol and DMC-ODS/DMC Monitoring Tools utilized by DHCS' A&I's Division. Pursuant to this Behavioral Health Information Notice (BHIN), the compliance monitoring activities formerly named Ongoing Compliance Monitoring, will henceforth be titled the Annual County Monitoring Activities.

POLICY:

DHCS conducts annual compliance monitoring of Medi-Cal behavioral health delivery systems to reduce the scope of the MHP triennial and DMC-ODS/DMC annual compliance reviews performed by the DHCS A&I Division and to create a streamlined process that will:

- Improve beneficiary access to informing materials (e.g., provider directory) by reviewing materials on a more frequent basis and providing feedback to the county behavioral health programs;
- Identify processes and/or documents that need to be updated; and
- Provide timely training and technical assistance (TA) support to help behavioral health programs establish and maintain compliance.

KEY POINTS:

The MCBH-OMD will continue to perform annual reviews of documentation for the following requirements:

- Provider Directories (MHP, DMC-ODS, DMC)¹
- DMC Provider Monitoring Reports (DMC-ODS, DMC)²

NOTE: DMC and DMC-ODS counties shall continue to submit DMC Provider Monitoring Reports as required in the contract or Intergovernmental Agreement. The DMC Provider Monitoring Report will be monitored on an ongoing basis and the compliance status for the FY that just concluded will be compiled at the beginning of each new FY. This will give DMC and DMC-ODS counties the opportunity to complete the DMC provider monitoring activities and submit the report to DHCS as required.

¹ 42 CFR § 438.10; CCR, tit. 9 § 1810.360; MHP Contract 2022-2027, Ex. A, Att. 11; DMC-ODS IA, Exhibit A, Att. 1, Article II.B.2.x, II.B.2.iv.a-e.

² DMC-ODS IA, Exhibit A, Att. 1, Article III.VV.1.i.d; DMC Contract.

The following requirements for MHPs, DMC, and DMC-ODS counties are included in the Attestation forms enclosed with this BHIN. MHPs and DMC-ODS counties must complete all applicable forms and attest to ongoing compliance.

- Advance Directives (MHP)³
- Implementation Plans (MHP)⁴
- Language and Format Requirements (MHP, DMC, DMC-ODS)⁵
- Provider Selection and Monitoring (MHP)⁶

DOCUMENT SUBMISSION

Medi-Cal behavioral health delivery systems must submit the following documents annually by the first business day of November via the secure managed file transfer system utilized by DHCS.

- Specialty Mental Health Services
 - MHP Attestation ([DHCS 1738](#)) and supporting documents
 - Provider Directory – in threshold language(s)
- Drug Medi-Cal (DMC) State Plan and Drug Medi-Cal-Organized Delivery System
 - DMC-ODS/DMC Attestation ([DHCS 1730](#)) and supporting documents
 - Provider Directory – in threshold language(s)

ACMA REVIEW

DHCS will confirm receipt of the documents within 15 business days of the November submission, and will follow-up with behavioral health programs if documents are missing and/or need to be resubmitted. During the review process, Medi-Cal behavioral health delivery systems will be contacted by their DHCS County Liaison to discuss any requirements that need corrections and/or additional documentation, as well as receive TA. Medi-Cal behavioral health delivery systems may submit corrections and/or additional documentation within 30 business days from the Liaison's requests. If the Medi-Cal behavioral health delivery system does not submit the requested corrections and/or additional documentation within 30 business days or corrections are incomplete, then a CAP is required, as described below. After the review is completed, DHCS will notify the Medi-Cal behavioral health delivery systems of the outcome, by issuing a

³ 42 CFR §§ 438.3(j) and 489.100; CCR, tit. 9 § 1810.360 (g); MHP Contract 2022-2027, Ex. A, Att.11.

⁴ CCR, tit. 9 §§ 1810.310 and 1850.205-1850.208; MHP Contract 2022-2027, Ex. A, Att. 1 and Ex. E.

⁵ 42 CFR § 438.10; CCR, tit. 9 § 1810.410; MHP Contract 2022-2027, Ex. A, Att. 11; DMC-ODS IA, Exhibit A, Att. 1, Art. II.B.2; Art. II.K.

⁶ 42 CFR § 438.214; CCR, tit. 9 § 1810.435; MHP Contract 2022-2027, Ex. A, Att. 8.

Notice of Finding(s) no later than the end of the FY. Medi-Cal behavioral health delivery systems may contact their Liaison and request TA throughout the FY.

CORRECTIVE ACTION PLANS: (CAPs)⁷

A CAP is required for findings of non-compliance. Medi-Cal behavioral health delivery systems are required to submit a CAP to DHCS within 60 days of receipt of the Notice of Finding(s). The CAP must include the following information:

- Description of corrective actions, including a timeline for implementation and/or completion of corrective actions;
- Proposed (or actual) evidence of correction that will be submitted to DHCS;
- Processes for monitoring the effectiveness of corrective actions over time; and
- Descriptions of corrective actions required of the county's contracted providers to address findings.

DHCS will confirm receipt of the CAP within 15 business days of submission, and will follow-up with county Medi-Cal behavioral health delivery systems if the CAP documents are missing required elements and/or need to be resubmitted. After submission of the CAP, should DHCS determine that the CAP is insufficient, the Medi-Cal behavioral health delivery system shall propose an alternative corrective action plan to DHCS.

Medi-Cal behavioral health delivery systems must submit CAP(s) via the secure managed file transfer system utilized by DHCS.

For questions regarding this BHIN, please contact DHCS at CountySupport@dhcs.ca.gov.

Sincerely,

Original signed by

Michele Wong, Chief
Medi-Cal Behavioral Health Oversight and Monitoring Division

Enclosures:

Enclosure 1: DHCS 1738 – MHP Attestationv

Enclosure 2: DHCS 1730 – DMC and DMC-ODS Attestation

⁷ W&I § 14197.7(d); DMC Contract.